

PROJECT 10073 RECORD

1. DATE - TIME GROUP 11 July 68	2. LOCATION South Zanesville, Ohio (1 Witness)
3. SOURCE Civilian	10. CONCLUSION Possible, Other: (LIGHTNING BUGS)
4. NUMBER OF OBJECTS See Letter	The observer was requested to complete a form 117 but has not done so as of 18 Oct 68. The observer is a young boy of 13. There is no evidence in the sighting to indicate the observer was not
5. LENGTH OF OBSERVATION Not Reported	11. BRIEF SUMMARY AND ANALYSIS observing lightning bugs.
6. TYPE OF OBSERVATION Ground-Visual	The observer and a friend were sleeping out, when several times they sighted ix a beam of light that appeared and disappeared. However when they shined their flashlight in the direction of the sighting they could not see anything.
7. COURSE Not Reported	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Director Aerospace Studies Inst ATTN: Archie C. French Maxwell AFB, Alabama</p> <p>RETURN TO</p> </div>
8. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

JUL 19 1968

Dear Mr. [REDACTED]

This will reply to your undated letter, in which you described your sighting of an unidentified flying object (UFO).

Without additional information, we cannot offer an explanation of what you saw. However, if you will complete the attached questionnaire and mail it in the inclosed envelope, our technical people at Wright-Patterson Air Force Base will be able to investigate further and make an evaluation.

Should you ever sight another UFO, please report it as soon as possible to the nearest Air Force base. Each base has a UFO investigator, who is in a better position to make an on-the-spot investigation, which usually results in a more accurate analysis.

In the meantime, you might be able to identify the sighting yourself by looking at the categories of objects often reported as UFOs in the Project Blue Book report we are inclosing.

Sincerely,

JAMES H. AIKMAN
Major, USAF
Chief, Civil Branch
Community Relations Division
Office of Information

Atcha

Mr. [REDACTED]

South Zanesville, Ohio 43701

SAFDICC

Shelly

Search cy = SAF-010
Comb cy = SAF-010
Reader cy = SAF-010
Activity cy = SAF-010
Stayback

Dear Sirs:

Last Thursday, a friend and I experienced a frightening experience. His name is [REDACTED] Lane, South Zanesville, Ohio. Send him the same return letter you send to me. We were camping out in a tent about two hundred (200) feet from the nearest house. We were sitting down outside the tent putting pieces of grass in-between our thumbs and blowing on them to make a loud shrilling kind of noise. We then at the next moment observed a very dim beam of light on the ground a few feet in front of us. We thought it was [REDACTED] rather with a flashlight shining it down near us, but then remembered that [REDACTED] had the only flashlight of the family. We dove into the tent and grabbed out our flashlights and went back outside and shown them up against some trees wondering who showed that beam in front of us. I then saw the same thing happen again up in a tree (a dead tree with no leaves about 20 feet in the air. Then I showed my flashlight on the tree and there was nothing there. Steve saw the same when he was looking through a clearing through a bunch of trees shining right in front of him not less than 15 feet in front of him. He showed his flashlight on the path of the mysterious beam only to experience the same thing I experienced, that nothing was behind the light and beam was nowhere in sight for the rest of the evening. We would like to know your opinion on what we saw.

yours truly,

[REDACTED]
[REDACTED]
South Zanesville, Ohio

P.S. Please write and tell us what this was.

Thank You

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AF3C)
WRIGHT-PATTERSON AIR FORCE BASE OHIO 45433



REPLY TO
ATTN OF:

TDPT (UFO)

SUBJECT:

UFO Observation , 11 July 1968

18 SEP 1968

TO:

Mr. S [REDACTED]

[REDACTED]
South Zanesville, Ohio 43704

Your name has been given to the Aerial Phenomena Office (Project Blue Book) as being a witness to an unidentified flying object. If you were a witness to an UFO sighting on 11 July 1968 would you please complete the attached AF Form 117 and return it in the envelope provided. If you were not a witness to this sighting, would you please make a statement to this effect on the attached form. The information which you provide will be used in evaluating this observation. Thank you for your assistance in this matter.

HECTOR QUINTANILLA, Jr, Lt Colonel, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

1 Atch
AF Form 117 w/envelope

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE

BUDGET BUREAU APPROVAL
NUMBER 21-R358

THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)

1. WHEN DID YOU SEE THE PHENOMENON?

DAY 11 MONTH July YEAR 1962

2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?

HOUR 10 MINUTES 10 ☐ A.M. ☒ P.M.

3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?

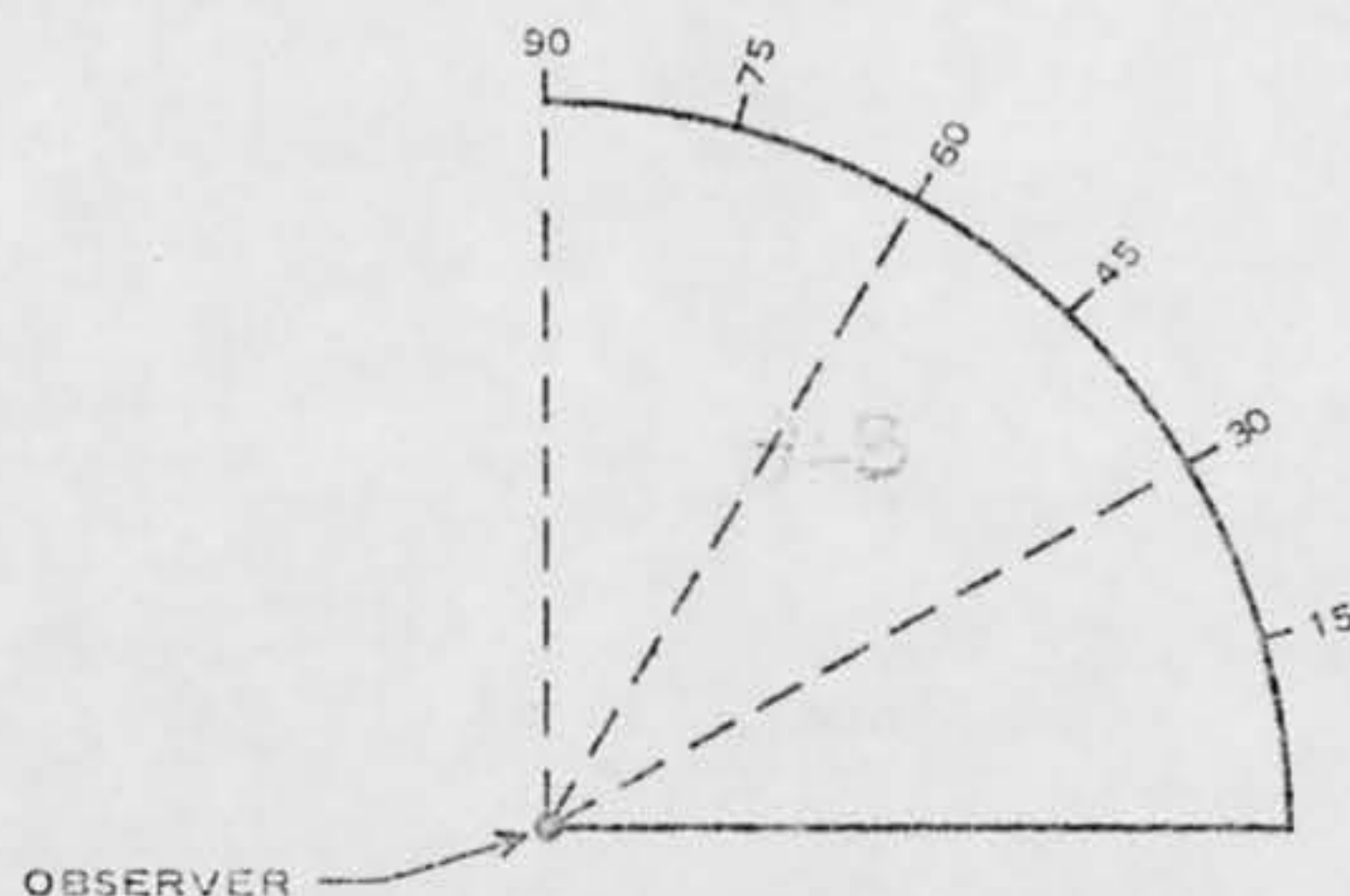
HOUR 11 MINUTES 15 ☐ A.M. ☒ P.M.

4. TIME/ZONE

☐ DAYLIGHT SAVINGS☐ STANDARD☒ EASTERN☐ CENTRAL☐ MOUNTAIN☐ PACIFIC☐ OTHER

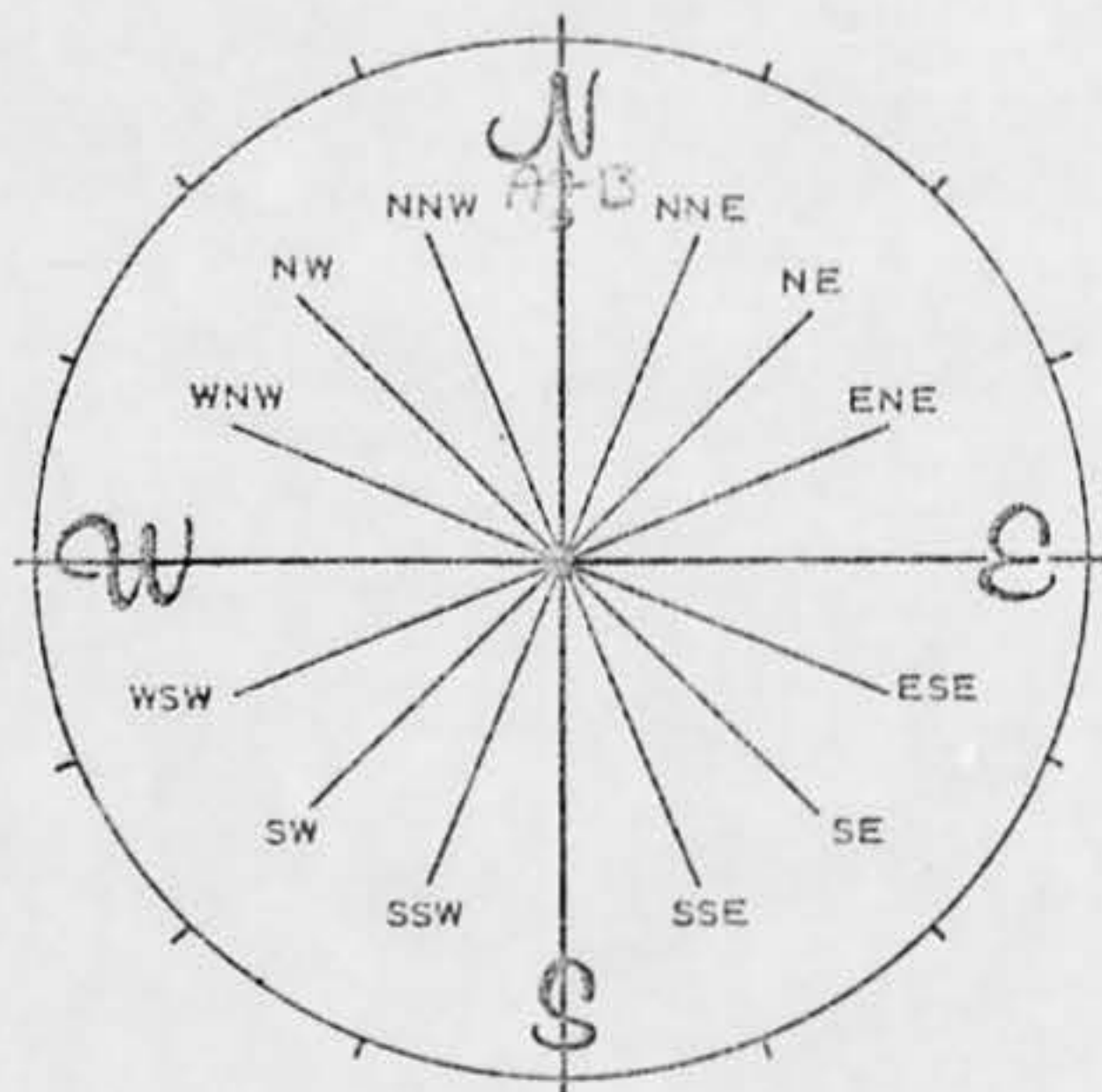
5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.

6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.

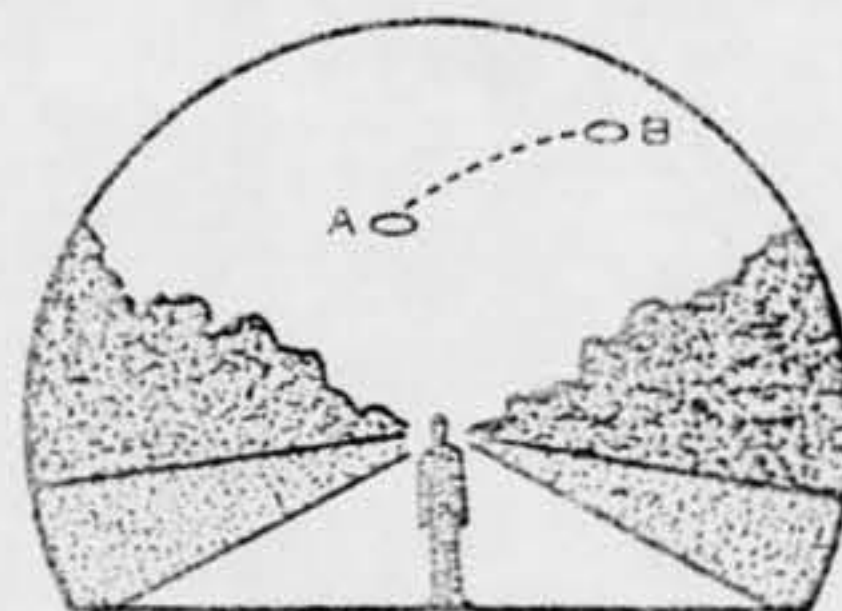
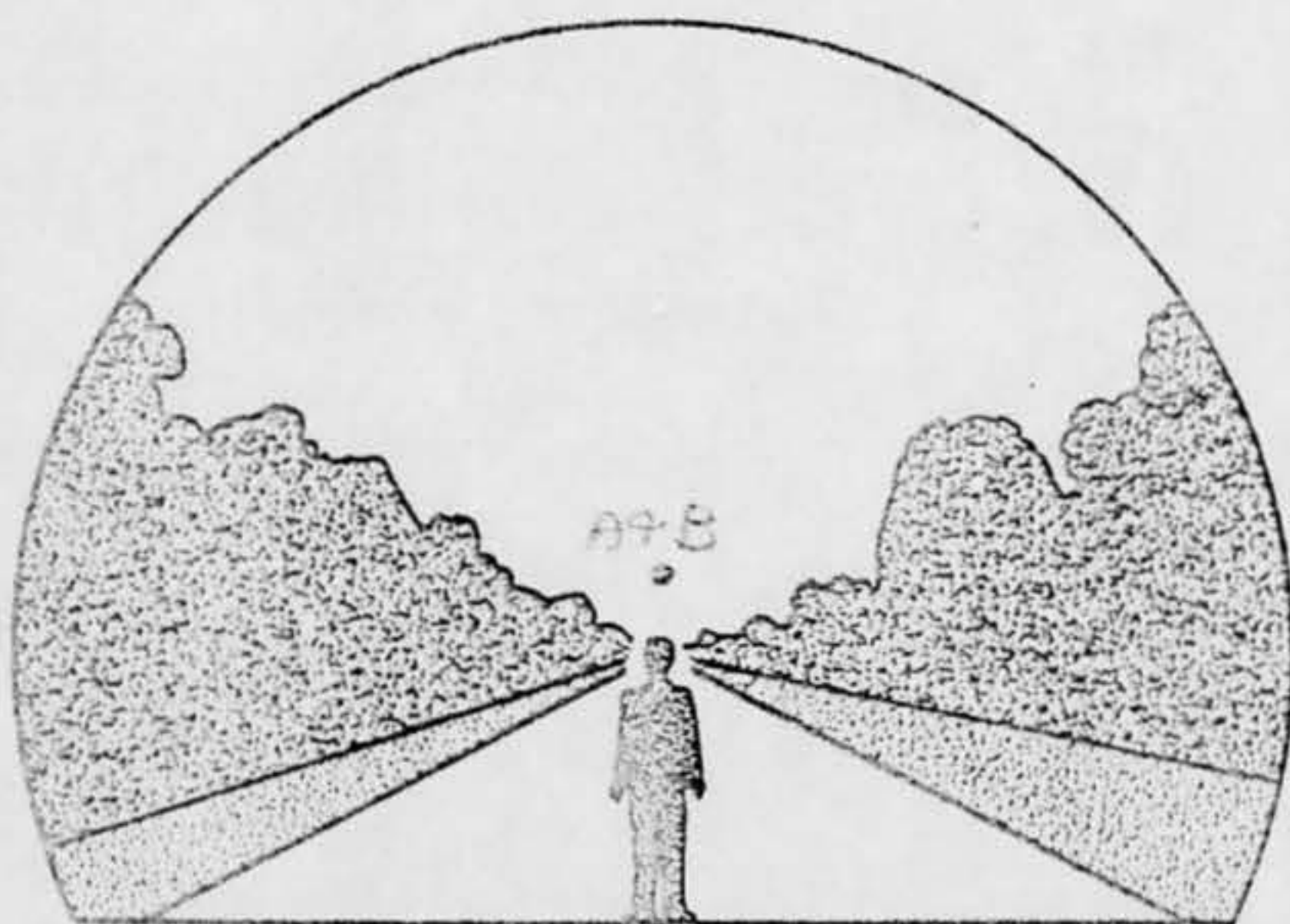


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8A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
<input checked="" type="checkbox"/> OUTDOORS	<input type="checkbox"/> IN BUSINESS SECTION OF CITY		
<input type="checkbox"/> IN BUILDING	<input type="checkbox"/> IN RESIDENTIAL SECTION OF CITY		
<input type="checkbox"/> IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER	<input checked="" type="checkbox"/> IN OPEN COUNTRYSIDE		
<input type="checkbox"/> IN BOAT	<input type="checkbox"/> NEAR AIRFIELD		
<input type="checkbox"/> IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER	<input type="checkbox"/> FLYING OVER CITY		
<input type="checkbox"/> OTHER	<input type="checkbox"/> FLYING OVER OPEN COUNTRY		
<input type="checkbox"/> OTHER			
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
<input type="checkbox"/> NORTH	<input type="checkbox"/> EAST	<input type="checkbox"/> DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> SOUTH	<input type="checkbox"/> WEST		
<input type="checkbox"/> NORTHEAST	<input type="checkbox"/> SOUTHEAST		
<input type="checkbox"/> NORTHWEST	<input type="checkbox"/> SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME	<input type="checkbox"/> CERTAIN OF TIME	<input type="checkbox"/> NOT VERY SURE	
<i>about 1 1/2 minutes</i>	<input type="checkbox"/> FAIRLY CERTAIN	<input checked="" type="checkbox"/> JUST A GUESS	
HOW WAS TIME DETERMINED?			
<i>By just a guess</i>			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			
<i>To the behavior of the phenomenon. It just vanished.</i>			

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED, DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

12

11. CONDITIONS (Check appropriate blocks.)

A. SKY		B. WEATHER			
<input type="checkbox"/>	DAY	<input type="checkbox"/>	CUMULUS CLOUDS (<i>Low fluffy</i>)	<input checked="" type="checkbox"/>	FOG OR MIST
<input type="checkbox"/>	TWILIGHT	<input type="checkbox"/>	CIRRUS CLOUDS (<i>High fleecy or Herringbone</i>)	<input type="checkbox"/>	HEAVY RAIN
<input checked="" type="checkbox"/>	NIGHT	<input type="checkbox"/>		<input type="checkbox"/>	LIGHT RAIN OR DRIZZLE
<input type="checkbox"/>	CLEAR	<input checked="" type="checkbox"/>	NIMBUS CLOUDS (<i>Rain</i>)	<input type="checkbox"/>	HAIL
<input type="checkbox"/>	PARTLY CLOUDY	<input type="checkbox"/>	CUMULONIMBUS CLOUDS (<i>Thunderstorms</i>)	<input type="checkbox"/>	SNOW OR SLEET
<input checked="" type="checkbox"/>	COMPLETELY OVERCAST	<input type="checkbox"/>		<input type="checkbox"/>	UNKNOWN
<input type="checkbox"/>		<input type="checkbox"/>	HAZE OR SMOG	<input type="checkbox"/>	NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?

(1) STARS		(2) MOON	
NONE		BRIGHT MOONLIGHT	<input checked="" type="checkbox"/> NO MOONLIGHT
<input checked="" type="checkbox"/> A FEW		MOON WITH HALO	UNKNOWN
MANY	<input checked="" type="checkbox"/>	MOON HIDDEN BY CLOUDS	
UNKNOWN		PARTIAL (New or quarter)	

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? ☐ YES ☐ NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?

IN FRONT OF YOU	TO YOUR RIGHT	OVERHEAD (<i>Near noon</i>)
IN BACK OF YOU	TO YOUR LEFT	UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.

no illumination except from neighbors house
approx. distance - 100 yards

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?		<input checked="" type="checkbox"/>	
	STAND STILL AT ANYTIME?	<input checked="" type="checkbox"/>		
	SUDDENLY SPEED UP AND RUN AWAY?		<input checked="" type="checkbox"/>	
	BREAK UP IN PARTS AND EXPLODE?		<input checked="" type="checkbox"/>	
	CHANGE COLOR?		<input checked="" type="checkbox"/>	
	GIVE OFF SMOKE?		<input checked="" type="checkbox"/>	
	CHANGE BRIGHTNESS?		<input checked="" type="checkbox"/>	
	CHANGE SHAPE?		<input checked="" type="checkbox"/>	
	FLASH OR FLICKER?		<input checked="" type="checkbox"/>	
	DISAPPEAR AND REAPPEAR?	<input checked="" type="checkbox"/>		
	SPIN LIKE A TOP?		<input checked="" type="checkbox"/>	
	MAKE A NOISE?		<input checked="" type="checkbox"/>	
	FLUTTER OR WOBBLE?		<input checked="" type="checkbox"/>	

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

I saw a dim light 200 ft. of us. We got up to investigate the light and that's when we saw the other sightings.

A. HOW DID IT FINALLY DISAPPEAR?

It vanished. Like someone turning off a light.

B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?
☐ YES ☒ NO. IF "YES," DESCRIBE.

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.

all of it

17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.	
EYEGASSES <input checked="" type="checkbox"/>	CAMERA VIEWER
SUNGLASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER
A. DO YOU ORDINARILY WEAR GLASSES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	B. DO YOU USE READING GLASSES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED. <u>NO MOVEMENT</u>	19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE. <u>15-20 FT</u>
20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.	
<p>The first object was very dim almost like a moon flash light which the batteries were almost The second object looked like a circle of light coming from a flashlight except there there was no beam of light was shown anywhere on the ground</p>	
21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.	
22. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES," DESCRIBE.	

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," GIVE DATE AND LOCATION.			
23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DID THEY SEE IT TOO? <input type="checkbox"/> YES <input type="checkbox"/> NO.			
A. LIST THEIR NAMES AND ADDRESSES <div style="background-color: black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 20px;"></div>			
24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF			
LAST NAME, FIRST NAME <div style="background-color: black; width: 100%; height: 15px;"></div>			
ADDRESS (Street, City, State, and Zip Code) <div style="background-color: black; width: 100%; height: 15px;"></div>			
TELEPHONE (Area code and number) <div style="background-color: black; width: 100%; height: 15px;"></div>	AGE <u>13</u>	<input checked="" type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.			
25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?			
NAME _____	DAY _____	MONTH _____	YEAR <u>1968</u>
26. DATE YOU COMPLETED THIS QUESTIONNAIRE.			
DAY <u>22</u>	MONTH <u>July</u>	YEAR <u>1968</u>	